



ALABAMA BOARD OF EXAMINERS IN MARRIAGE & FAMILY THERAPY

2777 Zelda Road

Montgomery, AL 36106

334-215-7233 FAX: 334-215-7231

Web Site: www.mft.alabama.gov

E-mail: hope@alstateboard.com

Dear Applicant:

Enclosed in this packet you will find a copy of the Marriage and Family Therapy Licensure Law, The Rules and Regulations set forth by the ABEMFT, checklists to assist your completion of the application process, official application and information forms, and a list of current LMFT approved Supervisors. We encourage you to carefully read the MFT Licensure Law and the Rules and Regulations in order to familiarize yourself with them. The forms and checklists are grouped into therapist (MFT) and supervisor (SUP) categories. **Before you begin to fill out any of the forms, we encourage you to make copies**, as you may need duplicates of some pages, either now or in the future. By first reading the Board approved marriage and family therapy designation requirements (CHAPTER 367-X-3 of the Rules and Regulations) and selecting the checklist(s) for the license and/or designations you wish to apply for, you should be able to determine which forms you will need to complete and return. Applications must be received two weeks prior to the next available Board Meeting to ensure Board Review. Applications received after the two-week deadline will be reviewed at the following meeting. A Calendar of Board Meetings is available at www.mft.alabama.gov for your convenience.

The following is a list of the MFT checklists which you must choose:

- Licensed Marriage and Family Therapist (LMFT)
- Permission to Sit for the Exam
- Endorsement for LMFT (holds MFT license elsewhere)
- Marriage and Family Therapy Associate (MFT Associate)
- Marriage and Family Therapy Intern (MFT Intern)

The supervision checklists include:

- LMFT Supervisor Candidate (SUP 9)
- LMFT Approved Supervisor (SUP 4)
- LMFT Supervisor Mentor (SUP 7)

The ABEMFT has been given the responsibility of protecting the public safety and welfare by providing regulation and control of marriage and family therapy in the State of Alabama. That must be our number one concern. In addition, we are striving to meet the needs of the professionals who have been and who will continue to provide marriage and family services to the public. Therefore, we have attempted to make the Rules and Regulations and the application process as "user friendly" as possible. However, as you progress through the application process and, in time, the renewal process, you may have specific recommendations for improvement. We welcome these suggestions and request that you either mail them to our office in Montgomery, or send them via E-mail to hope@alstateboard.com.

Sincerely,

Keith E. Warren
Executive Director

**Permission to sit for MFT Intern, MFT Associate, Permission to sit for the
MFT Examination, & Licensed Marriage and Family Therapist**

General Statement

The ABEMFT desires to provide courteous and timely service to all applicants. To maximize its efficiency and the level of service, the Board will process complete applications only. Incomplete Applications will be returned to you. Read all instructions carefully. The Board will not act as your agent in gathering information or supporting documents necessary for the consideration of your application.

Make all checks payable and mail to: ABEMFT
2777 Zelda Road
Montgomery, AL 36106

Please make a copy of all forms to be used before completing the application as you may need duplicates of some pages either now or in the future.

Checklists

Locate the checklist for the appropriate license/designation for which you are applying.

Application

Applications must be typewritten or printed in ink and must be legible. Complete the entire application. Leave no space blank. If a question or request for information does not apply to you, put a short line in the blank space or cross out the entire section to indicate the question or section has received your attention. Failure to supply necessary information may result in denial of your application.

Your full name, social security number, and date of birth are essential for identification purposes. Social Security numbers are not public information and will be safeguarded as such. Please supply this key information. There is space for two addresses on the application: a public mailing address and a restricted use address. The public mailing address is the address where the Board will send all correspondence. The restricted use address is the street address where you reside and is not public information unless it is the same as your public mailing address.

Application Process

Once your **complete application has been received by the application deadline date for the next board meeting**, your application will be reviewed by the Board at the next available Board Meeting. The Board meets quarterly. You will then be notified of your status by letter following the Board's review. Please refer to www.mft.alabama.gov for a calendar of upcoming board meetings and deadline dates for application submittal.

Questions

If, after you have completely read the application, law, and rules and regulations, you still have questions or comments, you may contact:

Hope Childers, Board Administrator
Phone: 334.215.7233 FAX: 334.215.7231
E-Mail: hope@alstateboard.com
Web Site: www.mft.alabama.gov

**CHECKLIST
for
LICENSED MARRIAGE AND FAMILY THERAPIST (LMFT)**

- ☐ MFT 1 - General Information Form
- ☐ MFT 2 - Application Form
- ☐ MFT 3 - Educational Requirements Form and a copy of the graduate catalog course description and/or syllabi for all courses. (Not required for graduates of COAMFTE accredited programs.)
- ☐ Official Transcripts from any institution at which relevant graduate coursework was completed.¹
- ☐ MFT 4 - Professional Employment Experience Form
- ☐ MFT 5 - Marriage and Family Therapist Qualifying Questionnaire Form
- ☐ MFT 6 - Two Supervisor Reference Forms from most current MFT supervisors (or professional colleagues if supervision was completed more than three years ago).
- ☐ MFT 7 - Affidavit and Release Authorization Form
- ☐ MFT 10 - Record of Supervision Form completed by the supervisor(s) for the Supervised Clinical Practicum or Internship. (Not required for graduates of COAMFTE accredited programs.)
- ☐ MFT 10 - Record of Supervision Form completed by supervisor(s) for 2-year or equivalent post-degree supervision and clinical work.²
- ☐ Verification of a passing score on the National Examination in Marital and Family Therapy.
- ☐ \$150 Application Review Fee – one-time fee required for first time applicants for Board Review of Credentials (if not previously submitted).
- ☐ \$325 License Fee for LMFT

¹ Not required if previously submitted with application for permission to sit for the MFT examination or MFT Associate application.

² If your supervisor is not an LMFT Approved Supervisor, LMFT Supervisor Candidate, AAMFT Approved Supervisor, or AAMFT Supervisor Candidate, the supervision may or may not meet the requirements of the Board. In this case, your supervisor must complete a Case By Case Supervision Form (MFT 9) to be included as part of your application and reviewed for eligibility.

MFT 1
General Information Form

Alabama Board of Examiners in Marriage and Family Therapy
2777 Zelda Road
Montgomery, AL 36106
Phone: (334) 215-7233
Fax: (334) 215-7231
E-mail: hope@alstateboard.com
Website: www.mft.alabama.gov



Application for: ☐ Marriage and Family Therapy Intern (MFT Intern)
☐ Marriage and Family Therapy Associate (MFT Associate)
☐ Permission to sit for the Marriage and Family Therapy
☐ Licensed Marriage and Family Therapist (LMFT)
☐ Licensed Marriage and Family Therapist By Endorsement

Name:
Last First Middle/Maiden

Social Security Number: **Date of Birth:**

Gender: ☐ Male ☐ Female

Have you ever held an Alabama Professional License Before? ☐ No ☐ Yes, as follow(s):

Name of Profession: License #:

Name of Profession: License #:

Name of Profession: License #:

Work Mailing Address:

E-mail:

Street:

City:

State: Zip:

County:

Telephone:

Fax:

Home Mailing Address:

E-mail:

Street:

City:

State: Zip:

County:

Telephone:

Fax:

Preferred Mailing Address (The address listed here will be public.):

☐ Work ☐ Home

**MFT 2
Application Form**

Application for: ☐ Marriage and Family Therapy Intern (MFT Intern)
☐ Marriage and Family Therapy Associate (MFT Associate)
☐ Permission to sit for the MFT Examination
☐ Licensed Marriage and Family Therapist (LMFT)
☐ Licensed Marriage and Family Therapist By Endorsement

PROFESSIONAL GRADUATE EDUCATION:

List all institutions at which you obtained graduate or post-graduate degrees.

Degree Awarded	Date of Degree	Program	Name of Institution	Accreditation by the Commission on Accreditation for Marriage and Family Therapy (Yes/No)

☐ Yes ☐ No I have enclosed an official transcript showing completion of my degree(s)/course work. (Not required if previously submitted with application for permission to sit for the MFT examination or MFT Associate application.)

ACCREDITATION:

☐ Yes ☐ No Is the earned Marriage and Family Therapy degree from a COAMFTE accredited institution? If "no," complete the Educational Requirements Form (MFT 3) and submit course descriptions.

PROFESSIONAL EXAMINATION REQUIREMENT:

☐ Yes ☐ No I am requesting permission to sit for the Marriage and Family Therapy Examination.
☐ Yes ☐ No I have passed the Marriage and Family Therapy Examination. (Only required for LMFT Applications.)
☐ Yes ☐ No I have enclosed an official copy of my test results showing a passing score. (Only required for LMFT Applications)

MFT 3
Educational Requirements Form

To be completed by all applicants who have not graduated from a COAMFTE accredited curriculum in Marriage and Family Therapy. You can expedite the review process by providing a copy of a graduate catalog course description and/or syllabus of any identified courses. You can only apply one course to a single category on this form. See the detailed description of required course work in the Rules and Regulations 536-X-4, page 10-11. (S=Semester, Q= Quarter)

1. Marriage and Family Studies (minimum of 3 or 6 semester/4 or 8 quarter hours)*

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:

2. Marriage and Family Therapy (minimum of 9 semester/12 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:

3. Human Development (minimum of 3 or 6 semester/4 or 8 quarter hours)*

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:

* If the applicant has six credit hours in Family Studies they are only required to have three credit hours in Human Development. Likewise, if the applicant has six hours in Human Development coursework, then they only need three credit hours in Family Studies coursework.

MFT 3 (cont.)
Educational Requirements continued

4. Professional Ethics (minimum of 3 semester/4 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:

5. Research (minimum of 3 semester/4 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:

6. Mental Health Diagnosis (minimum of 3 semester/4 quarter hours)

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:

7. Supervised Clinical Internship (minimum of 12 months, including 500 direct client contact hours, 250 of which must be with couples or families physically present in the therapy room. A minimum of 100 hours of supervision by a board-approved supervisor must have been obtained concurrently with the direct client contact hours). A post degree internship/work experience may be used to fulfill this requirement in part or full. A Record of Supervision Form (MFT 10) completed by your supervisor must also accompany your application.

Course Title	Course No.	Institution	Year	S / Q	Credits Rec'd

Total Credits:

MFT 4
(Professional Employment Experience Form)

List in chronological order all places of professional employment experience (most recent first). PLEASE SHOW MONTH AND YEAR FOR EACH.

1.

Position: _____ **Telephone:** _____

Organization: _____

Address: _____

Dates of Employment: _____ **to** _____ **Contact Person:** _____

Primary Responsibilities/Activities: _____

of hours providing clinical services per week: _____

2.

Position: _____ **Telephone:** _____

Organization: _____

Address: _____

Dates of Employment: _____ **to** _____ **Contact Person:** _____

Primary Responsibilities/Activities: _____

of hours providing clinical services per week: _____

3.

Position: _____ **Telephone:** _____

Organization: _____

Address: _____

Dates of Employment: _____ **to** _____ **Contact Person:** _____

Primary Responsibilities/Activities: _____

of hours providing clinical services per week: _____

Total # of cumulative hours for each line item: _____

MFT 5
Marriage and Family Therapist Qualifying Questionnaire

Check "Yes" or "No" for each question. Do not leave any questions unanswered. If the answer to any question is "yes," provide an explanation (MFT 5b is provided for your convenience). Include complete information with respect to all circumstances and the final result, if such has been reached. Additional documentation may be requested by the Board if the information submitted is insufficient to make a license decision.

1. ☐ Yes ☐ No Have you ever had a license, certificate, permit or registration to practice denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
2. ☐ Yes ☐ No Have you ever been permitted to resign or surrender your license to practice while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, professional association, or criminal or administrative jurisdiction?
3. ☐ Yes ☐ No Is any disciplinary action pending against you now by any licensing agency or professional association?
4. ☐ Yes ☐ No Is any action related to your conduct or client care pending against you now at any hospital, mental health care facility, agency, or individual private practice?
5. ☐ Yes ☐ No Have you ever been reported for child abuse or domestic violence?
6. ☐ Yes ☐ No Within the last five years, have you been addicted to or excessively used alcohol, narcotics, barbiturates or habit-forming drugs?

If yes, have you enrolled in a recovery program? ☐ Yes ☐ No

7. ☐ Yes ☐ No Have you had any malpractice judgments brought against you?
8. ☐ Yes ☐ No Have you ever been convicted of a felony?
9. ☐ Yes ☐ No Have you ever misrepresented your professional qualifications?

MFT 5b
Marriage and Family Therapist Qualifying Questionnaire Explanation Sheet

Item #:	Explanation:
Item #:	Explanation:
Item #:	Explanation:
Item #:	Explanation:
Item #:	Explanation:

MFT 6
Supervisor Reference Form

TO BE COMPLETED BY APPLICANT:

Name

Address of Applicant:

MFT designation applying for: ☐ LMFT ☐ MFT Associate ☐ MFT Intern

My signature indicates that I waive my right to inspect the contents of this document:

TO BE COMPLETED BY SUPERVISOR OR PROFESSIONAL COLLEAGUE:

Name: Phone #:

Address:

City: State: Zip:

Professional affiliation/license #:

In order that the Board of Examiners in Marriage and Family Therapy may have sufficient information to adequately assess the above applicant's qualifications, we would appreciate receiving the following information from you as his/her supervisor or professional colleague:

1. How long have you known the applicant?
2. How would you evaluate his/her technical knowledge and practical experience in the practice of marriage and family therapy?

Explain:

3. To your knowledge, is the applicant of good moral character? ☐ Yes ☐ No

If no, please explain:

4. To your knowledge, with the last five years, has the applicant been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?

☐ Yes ☐ No

If yes, do you know if the applicant is in a recovery program? ☐ Yes ☐ No

Please explain:

MFT 6 (cont.)
Supervisor Reference Form (continued)

5. To your knowledge, has the applicant ever been reported for child abuse or domestic violence? ☐ Yes ☐ No

If yes, please explain:

6. To your knowledge, has the applicant had any malpractice judgments brought against him/her? ☐ Yes ☐ No

If yes, please explain:

7. To your knowledge, has the applicant ever misrepresented his or her professional qualifications? ☐ Yes ☐ No

If yes, please explain:

8. To your knowledge, has the applicant ever been convicted of a felony?

☐ Yes ☐ No

If yes, please explain:

9 If you answered "yes" to any of the above questions, has that information or your concerns been discussed with the supervisee? ☐ Yes ☐ No

Signature of Supervisor or Professional Colleague

Date

INSTRUCTIONS TO SUPERVISOR/COLLEAGUE: Place the completed form in a sealed envelope and sign your name across the seal. You may then return the envelope to your supervisee in order for them to complete their application materials.

MFT 7
Affidavit and Release Authorization Form

Affidavit

I _____ being first duly sworn declare under penalty of perjury as follows:

I am the applicant described and identified in this application for licensure in the State of Alabama.

I am qualified in all respects for the license for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the me and associated individuals necessary to properly evaluate my qualifications for licensure.

I will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting document(s) meets the same standards as set forth above.

I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with the Board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Release Authorization

I hereby authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Board records or information reasonably required for the Board to properly evaluate my qualifications for licensure by the State of Alabama.

Signature of Applicant

Date of Signature

Subscribed to and Sworn before me this ____ day of _____, 20____

Signature of Notary Public

My Commission Expires

MFT 10
Record of Supervision for MFT Associate and LMFT Applicants

Applicant's Name:

(Last)

(First)

(Middle)

Applicant's Status at time of supervision: ☐ MFT Intern ☐ MFT Associate

TO BE COMPLETED BY THE SUPERVISOR:

Supervisor's Name:

(Last)

(First)

(Middle)

Supervisor's Address:

Phone:

Supervision Site(s):

Check appropriate Supervisor Qualifications:

☐ LMFT Approved Supervisor

☐ AAMFT Approved Supervisor

☐ LMFT Supervisor Candidate

☐ AAMFT Supervisor Candidate

☐ Case-by-Case Approved Supervisor

☐ Other (please explain):

Was an MFT Intern/Associate Supervision Agreement Form (MFT 8) filed with the ABEMFT for the above applicant and supervisor? ☐ Yes ☐ No

I certify that the above applicant has successfully completed clinical training during the period of:

to

(month/year)

(month/year)

During this period, I provided: _____ hours of individual MFT supervision to the applicant and _____ hours of group supervision to the applicant.

During the same period, the applicant completed:

_____ hours of direct client contact with individuals in MFT and

_____ hours of direct client contact with couples or families (relational hours) in MFT.

Supervisor's Signature

Date

Sworn to and subscribed before me this _____ day of _____, _____

Signature of Notary Public

My Commission Expires



**Alabama Board of Examiners in Marriage and Family Therapy
Proof of Citizenship (POC) Form – for Initial MFT License**



Instructions:

This form is to be completed by applicants for licensure in order to comply with Ala. Code § 31-13-7 (1975 as amended).

Please mail this completed form with a **copy** of the required documentation proving citizenship or legal presence to:

ABEMFT
2777 Zelda Road
Montgomery, AL 36106

Do not send originals or faxes of citizenship/legal presence documents.

Name (Please Print): _____ License #: _____

Track I: Please complete this section if you are a United States Citizen. Check all that apply below:

- ☐ I am a United States Citizen. I am submitting the attached COPY of my document to prove citizenship:
Please check and submit one of the following:
 - ☐ Alabama Driver's License or Identification issued by the Department of Public Safety
 - ☐ Driver's License from other state that required proof of lawful presence
 - ☐ Birth Certificate indicating U.S. Birth
 - ☐ Valid U.S. Passport
 - ☐ Military Identification showing U.S. as place of Birth
 - ☐ Naturalization documents
 - ☐ Certificate of Citizenship
 - ☐ Consular report of birth abroad of U.S. Citizen
 - ☐ Bureau of Indian Affairs Identification
 - ☐ American Indian Card issued by Homeland Security
 - ☐ Final adoption decree showing person's name and place of U.S. Birth
 - ☐ A valid Uniformed Services Privileges and Identification Card
 - ☐ Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
 - ☐ Certification of Birth Issued by U.S. Department of State

I hereby declare that I am a citizen of the United States of America. I sign this declaration under penalty of perjury, making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date

Track II: Please complete this section if you are not a United States Citizen. Check all that apply below:

- ☐ I am not a United States Citizen. I am submitting the attached COPY of my document to prove legal presence in the United States:
Please check and submit one of the following:
 - ☐ I-327 Re-entry Permit
 - ☐ I-551 Permanent Resident Card
 - ☐ I-571 Refugee Travel Document
 - ☐ I-766 Employment Authorization Card
 - ☐ I-94 Arrival/Departure Record
 - ☐ Unexpired Foreign Passport
 - ☐ Temporary I-551 Stamp (on passport or I-94)
 - ☐ I-20 Certificate of Eligibility for non-immigrant (F-1) student status
 - ☐ DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
 - ☐ Machine-readable immigrant Visa (with temporary I-551 language)
 - ☐ Other: Explain: _____

I hereby declare that I am an alien lawfully present in the United States of America. I sign this declaration under penalty of perjury, making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-10-102.

Signature

Date